VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

Reg. Diat. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: Calvery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
An 101	State Mary Sul County County
Only or town. (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town fimits, write ROLAL and give hearest town)
Hospitat, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME William Welster	Curtis 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Orlored hidoured	20, DATE OF DEATH December 3 1948 at 3 PM
6.(b) Name at husband or wite (1) - Releaces Curtis	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Charles Out to	19 20
7. Birth dale of	and that I last saw h. m. alive on the same of the sam
deceased (mo., day, yr.) /874	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	
74 min.	mone myschalle 330.
le mario, manfant	Due to Q
9. Birthplact	Serilly
tD. Usual occupation.	
	Due to
tt. Industry or business	
12. Name	Other conditions
X 13. Birthplace	(Include pregnancy within 3 months of death)
	my my
t4. Maiden name Underword  t5. Birthplace	Major findiogs of operations
\$ t5. Birthplace	Date of op.
18. Informant Walter with	Actopsy results.  PHYSICIAN: Please onderline the cause to which death shootd be charged statistically.
Address Dowell - ma	22. VIOLENCE: It death was due to external causes, till in the following:
17. (Shurial correction or removal Which?)  18. (Murial correction or removal Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cometery or cromatory	Where did injury occur?
Location OTAVET - MA	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. J. Sewell	Means of Injury Injured at work?
Address Prince Frederick - mo	E & Oten - M. D.
121/10 X/8 8. Vento	23. SIGNATURE M., D. or other
19. (Date ree'd by registrar)  Registrar	Address Somono, Mo Date signed 444
(soder 100 g p) registerery	



2411 N. Charles St., Baltimore

Lect age

HUNFADING INK. Supply every item of information carefully. The corporter Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

EASE

A15 SN

FOR BINDING

MARGIN RESERVED

CERTIFICATE OF DEATH

,			CERTIFICA	Reg. Diat. No.
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:
CouplyCalv.c	, t		***************************************	(For pewhorn infants give residence of mother)
City or town Pro	nce Frede	ride	RURAL and give nearest town)	Slate ma county Calvart
(1r	outside city or town	imits, write I	TO DEL 19 Th	City or town. If outside ity or town limits write RURAL and give nearest town)
	or street address where			
				Street No. (If rural, give LOCATION)
Now long in hospital	or Institution?	22 day		2.(a) ti veleran name war
3. (a) FULL NAM				
J. (a) POLL WAR				3. (b) Social Security Number
- hm	Allian G	AYMEY	le, married, widowed, or divorced	
4. Sex	5. Color or race	6.(4)5ing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale	white	lilid	mine	20. DATE OF DEATH. Dec 19 1948 at 4-30
		4 5	anklin Gamer	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
			The state of the s	1 Dec 1948 10 12/12 1948
7. Birth dale of	4	6.0	(c) If alive, give ageye:	and that I last saw h evalive on 12/8
deceased (mo., day,	yr.) Jane	18,18	68	Immediate cause of death DURATION
8. AGE: Year	rs   Months	Days	It less than one day	
80	4	1	hrsmi	
	notes Amas	m del c	to md.	Que to.
S. Biringiace	(Town	, county, and	state) md.	DUE 10.
10. Usual occupation	none			Due to
11. Industry or busine	229			DUE 10
and the same of th		swell	Souvener	
	anna are			
2			nke	(Include pregnancy within 3 months of death)
14. Maiden name		0		Major findings of operations
≥ 15. Birthplace	Calvet Co,	, brd.	00.	Dale of op.
16. Informant	na Fr	ed.	Jehrwne	Antopsy results
Address	Th	sex	med.	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
13	· · · · · · · · · · · · · · · · · · ·	//	X 2 0 194	22. VtOLENCE: tf death was due to external causes, fill in the following:
17. (Burial, erematio	n, or removal. Which	and the the	(month) (day) (year)	Accident, suicide, or homicide
Cemetery or creme	1	I	James	Where did Injury occur? (City or town) (County) (State)
	n, T	- 66	fa.a.c	Injured at home, farm, industry, public place (where?)
Location	nim	Lucy.	- January	Means of Injury Injured at work?
18. Funeral director	11-	DH	Hulchins	Micens of Injury
Address	(1	Leve	não mad.	The same of the sa
A.			D 801 -	23. SIGNATURE M. D. or other
13. Date ree'd by r	720 19 48		Clace L Hulch	at Address Huntingtown Mal Date signed 1/20/48
(Date ree d by r	cKipitHL)		Iveg isti	Address, James A.

RECEIVED

DEC 29 1948

BUREAU V. S.

# carefully. informat of death BINDING RESERVED

I	MTH Committee
•	PLAINLY, NS especially in
9-45-1	RITE PLA
15	ASE WI

# 2411 N. Charles St., Baltimore

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) Major findiogs of operations ..... PHYSICIAN: Please noderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? ...... (City or town) (County) Injured at home, farm, Industry, public place (where?) .... Means of Injury Injured at work?

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Hospital How long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME m 6.(b) Name of husband or wile ...... T. Birth date of 8-1892 deceased (mo., day, yr.) 8. AGE: 56 (Town, county, and state) 10. Usual occupation. 11. Industry or business 13. Birthpiace 14. Maiden na 15. Birthplace Date Ihereof ..... (month) (day) (year)

Prince Frederick and

RECEIVED

JAN 5 1949 BUREAU V. S.

MARGIN RESERVED FOR BINDING

A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

MOC

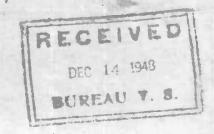
12296

# CERTIFICATE OF DEATH

50

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County Wal 20C
City or town	la lack - tra
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. 3700 Huntington Al. New
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL MAME Johns	Marakle 3. (b) Social Security Number
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ 1 2 )	20. DATE DE DEATH LEC 5 13/8 at 1,115 A
5.(b) Name of husband or wifa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) II allon alor acc	19
B-9-1929  deceased (mo., day, yr.)  8-9-1929	and that I last saw n
. AGE: Years   Months   Jays   If less than one day	Immediate cause of dead
./9 3 26	hadine shell
Ment wat City	
Birthplace (Town, county, and state)	Due 10
O. Usual occupation Clark - Georgetown Appetal	Bue to
1. Industry or business	
12. Name New Murable  13. Birthotace New YWK	Other conditions
14. Maiden name Hester Porton	(Include pregnancy within 8 months of death)
14. Maiden name Hester Porton 15. Birthplace Lynchbarg, Virginia	Major fiadings af eperations
8. Informant al. V. Hallones	Bale of op.
7-11 -1-00 7 100	Autopsy results
Address 3700 Huntington St. Selv. 5.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide Date of
Cometery or organitory Esta- Hill Grenitarity	Where did injury occur? (City of town) (County) (State)
Location Seistlessed, Prince Grone Golf Mid-	Injured at home, farm, industry, public place (where)
While Walking	Means of Injury Centre Injured at work?
Address 254 Canall SV Flavoura John	6. HIMERA
Die E 116 & Parti	23. SIGNATURE M. D. nr nther
(Date rec'd by registrar)	02- Tel 11/5/4

1948 - 42 - 5 1948 - 42 - 5 1948 - 42 - 5 1948 - 42 - 5



A15 SN

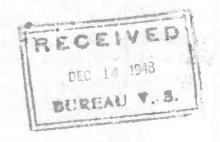
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	Streel No
3. (a) FULL NAME ROBINSON - David Benjamin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 12-8-48 19.48 at 1.0:30 P.
6,(b) Name of husband or wife Clasa Robinson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24.19.48., to Dec. 8
7. Birth date of deceased (mo., day, yr.) + 24. P 1859  8. AGE: Years   Months   Days   If less than one day	and that I last saw h. Imm. alive on Dac 8. 19.48.  Immediate cause of death. Conservan, and the same DURATION
89 10 ?hrsmin.	Due to Harautensine + arteriorderde
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)	Carolio voscular disease 20 yrs
11. Industry or business	Dther conditions
14. Maiden name.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Clara Robinson	Actorsy resolts
17. Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Location Bartout may	Where did injury occur?
18. Funeral director Q. a. Q. a. Thanksung & Thanksung	23. SIGNATURE B. R. Brasheas A. M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar	Address Price Frederick Date signed 12-9-18



PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

12298

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Calved	state Md county acluert
City or town. (If outside eity of town limits, write RURAL and give nearest town)	
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Taylor	
4. Sex   5 folor or race   6.(a)Single married, widowed, or divorced	MEDICAL CERTIFICATION
Jenale Volved married	20. DATE DF DEATH 12/20 1948 21 6 3 1
6,(b) Name of husband or wife John Lay Cor	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
I William Parkers and the Control of	12/15- 19.74, 10 12/19 19.44
7. Birth date of	and that I last saw h. Qa. alive on 19.4 &
deceased (mo., day, yr.) UE 14, 1900	Immediate cause al death DURATION
8. AGE: Years Months Days If less than one day	Cerebial accelent
4 8hrsmin.	<u> </u>
9. Birthplace (Town, eounty, and state)	Due to Hyperleuseon
(Town, eounty, and state)	
10. Usual occupation womestie	Due to
11. Industry or business	
# 12. Name Dravis Smith.	Dither conditions
12. Name Inauca Smittle.  13. Birthplace md	
	(Include pregnancy within 3 months of death)
LO .	Major fiadiags al aperatiaas.
\$ 15. Birthplace Md	Date of op.
16. Informant When Taylor	Autopsy results.
Address Owing S. rud	PHYSICIAN: Please underline the eaase ta which death should be charged statistically.
	22. VIOLENCE: 11 death was due to external causes, fill in the following;
17. Surial (Burial, cremation, or removal, Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Carters Chupel	Where did injury occur?
location a.a. County	Injured al home, farm, Industry, public place (where?)
18. Funeral director P.E. Sewell	Means of Injury Injured at work?
	SEV.
Address Prince Frederick Md,	23. SIGNATURE WEEKER
19. / 2-21 19. 18. W. W. Clored (Date ree'd by registrar) (Date ree'd by registrar)	MC M. D. or other
(Date ree'd by registrar) Registrar	Address / Telling Cauling Date signed / d///

RECEIVED

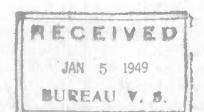
JAN 5 1949

BUREAU Y. S.

RESERVED FOR BINDING

IMARGIN	WINE WAFADING
9.45-1	WRITE PLAINLY.
VS A15	PLEASE

2411 N. Charles	a St., Baltimore
CERTIFICAT	E OF DEATH Reg. Diat. No.
City or lown	2. USUAL RESIDENCE TOME) OF DECEASED:  (For newborn infants Parealdence of mother)  State C. Couoty C.  City or town B. C. S.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. Dec. 24. 1948, at 11, P.
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	and that I last saw halive on
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace	Due to Heart farture  Due to Generally 6 arless
13. Birtholace Md.  14. Maiden name Harriet White.	(Include pregnancy within 8 months of death)  Major findings of operations
Address Prince Frederick md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, eremation, or removal, Which?)  Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Calvert.  18. Funeral director. P. E. Secuell.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Prince Frederick Md  19. 12-77 19 48 H. W. Celar (Date rec'd by registrar)  Registrar	23. SIGNATURE (Sulland)  M. D. or ather  Address. Date signed.



PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

124/

12300

Reg. Diat. No.

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  Couply	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother)  State
3. (a) FULL NAME George D. Turner	3. (b) Social Security Number
4. Sex 5. Color or racy 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH
8. AGE: Years Month Days It less than one day  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 10. 3. 19. 48.  and that I last saw h
13. Birthplace  14. Maiden namo Pattlie E. Strateg.  15. Birthplace  16. Informant Pattlie E. Strateg.  Address Prince Pattlie E. March Pattlie  Address Prince Pattlie  Address Pattlie  Address Prince Pattlie  Address Prince Pattlie  Address Prince Pattlie  Address Prince Pattlie  Address Pattlie  Address Pattlie  Ad	(Include pregnancy within 3 months of death)  Major findings of operations
17	22. VIOLENCE: If death war due to external causes, fill in the following:  Accident, suicide, or homicide

